

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 28 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

82 County Pike Co  
Township Cassard  
City (No.)

Registration District No. 684

Primary Registration District No. 5812

File No. 21008

Registered No. 2 St. 1 Ward

2. FULL NAME James Robert Akers

(a) Residence, No. (Usual place of abode) St. 1 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2nd 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgewood Mo.

13. NAME Major C Akers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgewood Mo.

15. MAIDEN NAME Cathryn Lowdyshell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co - Mo.

17. INFORMANT (ADDRESS) Charley Akers Edgewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cemetery DATE Mar 4 - 1937

19. UNDERTAKER (ADDRESS) Goeh Hardware Co Edgewood Mo.

20. FILED Mar 4 - 1937 B. M. Goeh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 3, 1937

I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

asphyxiation, Needlestick Date of onset 3/2-37

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Legionnaires Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1937

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. B. Hoeger M. D.

(Address) J. H. Hiteude Mo.

